## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

06/29/2001

04/18/2008

7590

AMIN. TUROCY & CALVIN. LLP

24TH FLOOR, NATIONAL CITY CENTER 1900 EAST NINTH STREET CLEVELAND, OH 44114

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

27195

APPLICATION NO.

09/896,187

ANSWER

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

> Kimberly Webb /Kimberly Webb/

June 30, 2008

Certificate of Mailing or Transmission

ATTORNEY DOCKET NO.

MS164185.1

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FIE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

CONFIRMATION NO

9560

(Signature

(Date

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address and indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or earlier FEE ADDRESS\* for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

FIRST NAMED INVENTOR

Eric J. Horvitz

TITLE OF INVENTION: SYSTEM AND METHODS FOR INFERRING INFORMATIONAL GOALS AND PREFERRED LEVEL OF DETAIL OF

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	so	\$0	\$1440	07/18/2008
EXAMINER A		ART UNIT	CLASS-SUBCLASS	]		
SMITS, TALIVALDIS IVARS 2626		704-009000	•			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys  1 Amin, Turocy & Calvin, LI			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1sted, no name will be printed.			
3. ASSIGNEE NAME /	AND RESIDENCE DAT.	A TO BE PRINTED ON	THE PATENT (print or type	oe)		
PLEASE NOTE: Ur recordation as set for	iless an assignee is ident th in 37 CFR 3.11. Com	ified below, no assignee oletion of this form is NC	data will appear on the p oT a substitute for filing an	atent. If an assignee is i assignment.	dentified below, the doc	ument has been filed for
(A) NAME OF ASS	IGNEE		(B) RESIDENCE: (CITY	and STATE OR COUN	TRY)	
Microsoft Cor	poration		Redmond, WA			
Please check the approp	riate assignee category o	categories (will not be p	rinted on the patent):	Individual Corporat	ion or other private grou	p entity Government
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Ples	se first reapply any pre	viously paid issue fee sh	own above)
☑ Issue Fee ☐ Publication Fee (No small entity discount permitted)			☐ A check is enclosed. ☑ Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1063 (enclose an extra copy of this form).			
5 Channa in Partito St	atus (from status indicate	d alconol	overpayment, to Depo	sit Account NumberSt	J-1Ub.s (enclose an	extra copy of this form).
	ns SMALL ENTITY stat		☐ b. Applicant is no lon	ger claiming SMALL EN	TITY status. See 37 CFF	1.27(g)(2).
NOTE: The Issue Fee as interest as shown by the	nd Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademarl	d from anyone other than to Office.	he applicant; a registered	attorney or agent; or the	assignee or other party in
Authorized Signature	. /Himanshu S.	Amin/		Date Ju	ne 30, 2008	
Typed or printed nan				Registration No. 40		
This collection of informan application. Confider submitting the complete this form and/or sugges Box 1450, Alexandria, Virginia 22	nation is required by 37 C ntiality is governed by 35 d application form to the tions for reducing this bu Virginia 22313-1450. DO 313-1450.	CFR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the O NOT SEND FEES OR	on is required to obtain or i 1.14. This collection is est of depending upon the indivi- ie Chief Information Office COMPLETED FORMS To spond to a collection of inf	retain a benefit by the pub timated to take 12 minute ridual case. Any commen er, U.S. Patent and Trader O THIS ADDRESS, SEN	lic which is to file (and be seen to complete, including to on the amount of time mark Office, U.S. Depart D TO: Commissioner for a wall of OMB control of the seen to the see	by the USPTO to process) gathering, preparing, and you require to complete ment of Commerce, P.O. r Patents, P.O. Box 1450,

OMB 0651-0033